

*A Home for the Day  
Adult Day Service  
1971 Pine Cone Road  
St Cloud Mn 56303*



Date

Dear

Our member, \_\_\_\_\_, born \_\_\_\_\_, has designated you as her/his primary physician. As part of our admission process, we are required to have a statement of her current medical status.

I would appreciate your attention in this matter. I have enclosed the medical form required by the State of Minnesota.

Enclosed:

- Request and authorization for release of medical information
- Physical condition report specifying the required information
- Self-addressed, stamped envelope

If this participant has not been seen by you in the past twelve months, please inform our office at 320-260-7396. Thank you for your time.

Sincerely,

Julie Schomer  
julie@ahomefortheday.com  
Director